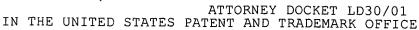
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PLICANT:

CAROL STONEBROOK LACHANCE

SERIAL NUMBER:

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FILED:

10/12/2001

FOR:

THERAPEUTIC PAD SYSTEM

ART UNIT:

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EXAMINER:

SCHOPFER, KENNETH G.

Assistant Commissioner for Patents

Washington, D.C. 20231

## REVOCATION/APPOINTMENT OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Sir:

- 1. I hereby revoke all previous powers of attorney or authorization of agents in the above identified application.
- 2. I hereby appoint the following person as my attorney or agent to prosecute said application, and to transact all business in the Patent and Trademark Office connected therewith:

Edward P. Dutkiewicz Registration No. 46,676

3. Change the correspondence address and direct all further correspondence to:

Edward P. Dutkiewicz P.O. Box 511 Largo, Florida 33779-0511

I am the applicant herein.

2/10/03

Carol Stoneblook Jachanes

## CERTIFICATE OF MAILING

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. § 1.8(a)

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